

*to bind up the wounds
to care for him who shall have
borne the battle and for his
widow and his orphan, to do all*

Health Care Benefits Overview

2014 Edition

Building on over
50 years of providing
quality health care services
to our nation's Veterans

VA



U.S. Department of Veterans Affairs
Veterans Health Administration

VA



U.S. Department
of Veterans Affairs

Connect. It matters.

Friendship. It matters.

Ask the question. It matters.

Family.

Compassion. It matters.

Support. It matters.

Listen. It matters.



It Matters.

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Because you mean so much to them.

Confidential help for Veterans and their families



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Crisis Line**

1-800-273-8255 PRESS 1

• • • Confidential chat at **VeteransCrisisLine.net** or text to **838255** • • •

Table of Contents

Introduction	1
Why Should you Enroll in VA Health Care?	2
High Quality Care	2
Stay Connected With VA	2
VA Health Care Enrollment and Eligibility	3
Applying for Enrollment	3
VA Health Benefits Explorer	3
Veterans Choose the VA Facility	3
Enrollment Priority Groups	3
Benefits on the Go	5
Once Enrolled	5
Keeping your Personal Information Updated	5
Obtaining an Appointment	5
Patient Aligned Care Teams (PACT)	6
Financial Assessment (Means Testing)	6
Income Limits	6
Copayments	9
Types of Copayments	9
Outpatient Copayments*	9
Medication Copayments*	9
Inpatient Copayments	9
Long-Term Care Copayments*	9
Outpatient Copayments	10
Inpatient Copayments	10
Medication Copayments	10
Long Term Care Copayments	10
Annual Changes to Copay Rates	11
Veterans Not Required to Make Copayments	11
Services Exempt from Inpatient and Outpatient Copayments	11
Financial Hardships	12
Veterans with Catastrophic Disabilities	12
Basic Eligibility for VA Health Care	13
Minimum Duty Requirements	13
Returning Service Members (OEF/OIF/OND)	13
Affordable Care Act	14
What is the Affordable Care Act?	14
VA and Other Health Insurance	15
Private Health Insurance	15
Medicare Part D Prescription Drug Coverage	16
Creditable Coverage	16
Medical Benefits Package	17
Preventive Care Services	17
Ambulatory (Outpatient) Diagnostic and Treatment Services	17
Hospital (Inpatient) Diagnostic and Treatment Services	17
Women's Health	19

Long-Term Care	20
VA Community Living Centers (VA Nursing Home) Programs.....	20
Domiciliary Care	20
Medical Foster Home.....	20
State Veterans Homes.....	20
Additional Services	20
Geriatric Evaluation	20
Geriatrics and Extended Care	20
Adult Day Health Care	21
Respite Care	21
Home Health Care.....	21
Home Telehealth	21
Hospice/Palliative Care	22
Financial Assessment for Long-Term Care Services.....	22
Benefits with Special Eligibility Criteria.....	22
Additional VA Health Benefits Programs	22
Dependents and Survivors	22
CHAMPVA.....	22
Children of Women Vietnam Veterans Health Care Benefits.....	23
Spina Bifida Health Care Benefits.....	23
Services Not Included (<i>partial listing</i>).....	23
Emergency Care	24
VA Payment for Emergency Care of your Service-connected conditions without prior authorization.....	24
VA Dental Insurance Program (VADIP)	25
Veteran Health Identification Card	25
Minority Veterans Program	26
Readjustment Counseling Services	26
Veterans Crisis Line.....	26
National Call Center for Homeless Veterans.....	26
Family Caregivers Program	28
Camp Lejeune Water Contamination Benefits	28
Medically Related Travel Benefits	28
Veterans Transportation Service	29
VA Foreign Medical Program (FMP)	29
Notice of Privacy Practices	30
Other Services and Online Tools	30
VA’s Health Benefits website	30
Office of Public Health.....	31
Self-Service Kiosks	31
Your Personal VA Health Information Online	31
MyHealthVet.....	31
Special Care Access Network – Extension for Community Healthcare Outcomes (SCAN-ECHO)	32
Mobile Apps.....	32
eBenefits.....	32
Veterans Canteen Service	32
Frequently Asked Questions	33

Introduction

This guide is designed to provide Veterans and their families with the information they need to understand VA's health care system—eligibility requirements, the health benefits and services available to help Veterans and copayments that certain Veterans may be charged.

Additionally, inside you will find helpful information about the new Healthcare Law, also known as the Affordable Care Act (ACA), My HealthVet (see page 31 for more information), and obtaining clinical appointments.

This book is not intended to provide information on all of the health benefits and services offered by VA. Additional information is available at the following resources:

- www.va.gov/healthbenefits
- VA toll-free 1-877-222-VETS (8387) between the hours of 8:00 AM and 8:00 PM ET, Monday - Friday
- Your local VA health care facility's Enrollment Office



Nicole P.
U.S. Army
2002-2010

If you are a Veteran who is
homeless or at risk
of becoming homeless,

VA IS HERE
TO HELP.

Help for Homeless Veterans

877-4AID-VET

va.gov/homeless | (877) 424-3838

Make the Call!

VA



U.S. Department
of Veterans Affairs

Why Should you Enroll in VA Health Care?

Today's Veterans have a comprehensive medical benefits package. The VA offers a variety of health care services from basic primary care to nursing home care for eligible Veterans (see Long-Term Care Standard Benefits section on page 20). If you are enrolled in VA health care, you don't need to take additional steps to meet the health care law coverage standards. Enrollment in the VA health care system provides Veterans with the assurance that comprehensive health care services will be available when and where they are needed.

In addition to the assurance that services will be available, enrolled Veterans welcome not having to repeat the application process—regardless of where they seek their care or how often. VA is America's largest integrated health care system, serving 8.8 million Veterans each year.

Here are more reasons to enroll:

- Medical care rated among the best in the U.S.
- Immediate benefits of health care coverage. Veterans may apply for VA health care enrollment at any time.
- No enrollment fee, monthly premiums, or deductibles. Most Veterans have no out-of-pocket costs. Some Veterans may have to pay small copayments for health care or prescription drugs.
- More than 1,700 places available to get your care. This means your coverage can go with you if you travel or move.
- Freedom to use other plans with your VA health care, including Medicare, Medicaid, TRICARE or private insurance.

High Quality Care

VA is committed to providing the high quality, safe and effective health care Veterans have earned and deserve. We have established a record of safe, exceptional care that is consistently recognized by independent reviews, organizations and experts. As a result, VA health care performance compares favorably with the Nation on most measures of quality and safety, and patients at VA facilities have comparable or higher satisfaction with VA services to those in non-VA facilities.

- For more information visit www.va.gov/qualityofcare/

Stay Connected With VA

Share your email address with VA to receive information on VA benefits and services delivered right to your inbox! Visit the "Stay Connected with VA" box located on VA's homepage at www.va.gov and enter your email address to start receiving information about VA benefits.



VA Health Care Enrollment and Eligibility

Applying for Enrollment

Applying for Enrollment is Easier and Faster than Ever...

VA Health Benefits Explorer

Use the VA Health Benefits Explorer hbexplorer.vacloud.us to answer a few questions about yourself (you will be asked no more than fifteen) and learn about the VA health care benefits you could receive as an enrolled Veteran. Afterwards, you will be given an opportunity to apply for enrollment. If you wish, you can skip the Explorer and simply apply for enrollment using one of the options below.

There are four ways to apply for enrollment:

Online

When applying online at www.va.gov/healthbenefits/enroll Veterans simply fill out the application and electronically submit it to VA for processing. No need to submit additional documents with your application to verify your military service. VA will search for your supporting military information through our electronic information systems and will contact you if we are unable to locate your information. For help filling out the application, call 1-877-222-VETS (8387) between the hours of 8:00 AM and 8:00 PM Eastern, Monday - Friday, or click on the "chat online with representative" button located on the website and a representative will provide assistance.

By Mail

The application form can be downloaded from the website above. Complete the form and mail it to:

Health Eligibility Center
Enrollment Eligibility Division
2957 Clairmont Road Suite 200
Atlanta, GA 30329-1647

By Phone

If you prefer to complete the application over the phone, or have a paper copy mailed to you, you may do so by calling 1-877-222-VETS (8387) between the hours of 8:00 AM and 8:00 PM ET, Monday - Friday.

In Person

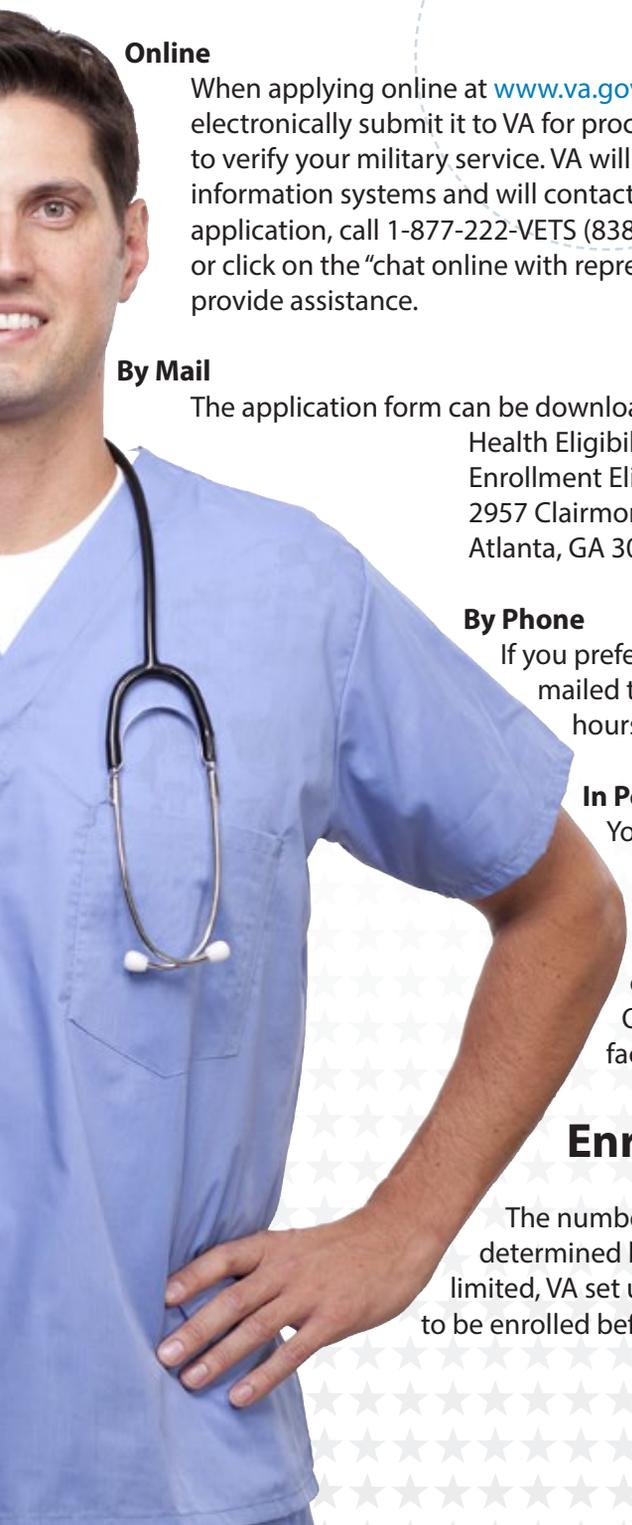
You may also apply in person at any VA health care facility.

Veterans Choose the VA Facility

As part of the enrollment process, Veterans will be given the opportunity to select the VA health care facility or Community Based Outpatient Clinic (CBOC) to serve as his/her preferred facility. To find a facility near you, visit this website: www.va.gov/directory.

Enrollment Priority Groups

The number of Veterans who can be enrolled in the health care program is determined by the amount of money Congress gives VA each year. Since funds are limited, VA set up Priority Groups to make sure that certain groups of Veterans are able to be enrolled before others.



Once you apply for enrollment, your eligibility will be verified. Based on your specific eligibility information, you will be assigned a Priority Group. The Priority Groups range from 1-8 with 1 being the highest priority for enrollment. Some Veterans may have to agree to pay copays to be placed in certain Priority Groups.

You may be eligible for more than one Enrollment Priority Group. In that case, VA will always place you in the highest Priority Group for which you are eligible. Under the medical benefits package, the same services are generally available to all enrolled Veterans.

Priority Groups Table

Priority Group 1

- Veterans with VA service-connected disabilities rated 50% or more.
- Veterans assigned a total disability rating for compensation based on unemployability.

Priority Group 2

- Veterans with VA service-connected disabilities rated 30% or 40%.

Priority Group 3

- Veterans who are former POWs.
- Veterans awarded the Purple Heart Medal.
- Veterans awarded the Medal of Honor.
- Veterans whose discharge was for a disability incurred or aggravated in the line of duty.
- Veterans with VA service-connected disabilities rated 10% or 20%.
- Veterans awarded special eligibility classification under Title 38, U.S.C., § 1151, "benefits for individuals disabled by treatment or vocational rehabilitation."

Priority Group 4

- Veterans receiving increased compensation or pension based on their need for regular Aid and Attendance or by reason of being permanently Housebound.
- Veterans determined by VA to be catastrophically disabled.

Priority Group 5

- Nonservice-connected Veterans and noncompensable service-connected Veterans rated 0%, whose annual income and/or net worth are not greater than the VA Income Limits.
- Veterans receiving VA Pension benefits.
- Veterans eligible for Medicaid benefits.

Priority Group 6

- Compensable 0% service-connected Veterans.
- Veterans exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki.
- Project 112/SHAD participants.
- Veterans who served in the Republic of Vietnam between January 9, 1962 and May 7, 1975.
- Veterans of the Persian Gulf War that served in the Southwest Asia Theater of combat operations between August 2, 1990, and November 11, 1998.
- Veterans who served in a theater of combat operations and discharged from active duty on or after January 28, 2003, for five years post discharge.

Priority Group 7

- Veterans with incomes below the geographic means test (GMT) income limits and who agree to pay the applicable copayment.

Priority Group 8

Veterans with gross household incomes:

- above the VA income limits who were enrolled as of January 16, 2003 and who agreed to pay the applicable copayment;

--or--

- not exceeding the VA Income Limits or GMT Income Limits by more than 10% and who agree to pay the applicable copayment -- effective June 15, 2009.



VA enrollment allows health care benefits to become completely portable throughout the entire VA system.

Benefits on the Go

Enrolled Veterans who are traveling or who spend time away from their preferred facility may obtain care at any VA health care facility across the country without the worry of having to reapply. Veterans with a service-connected condition may receive treatment for that condition even in a foreign country (see Foreign Medical Program on page 29).

Once Enrolled

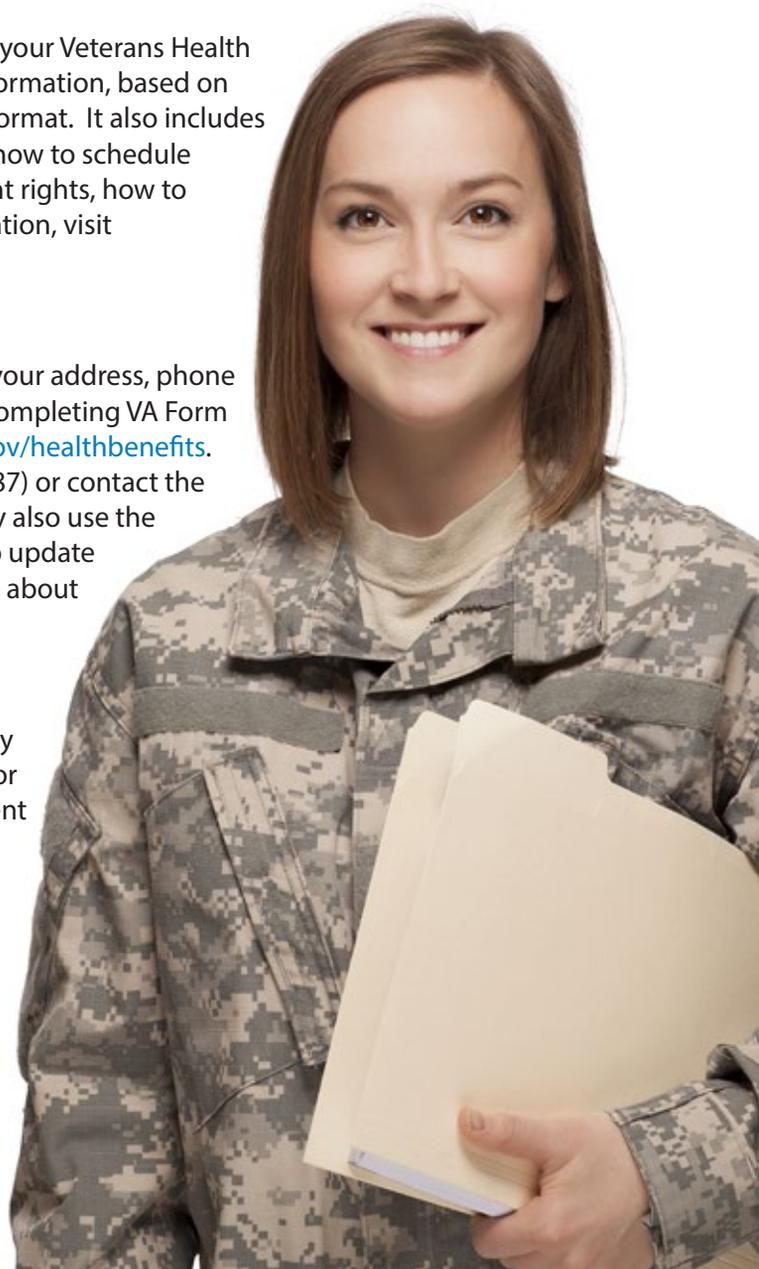
Once you enroll in the VA health care system, you will receive your Veterans Health Benefits Handbook, which includes VA health care benefit information, based on your specific eligibility factors, in an organized, easy-to-read format. It also includes information on your preferred facility, copay responsibilities, how to schedule appointments, ways to communicate treatment needs, patient rights, how to obtain copies of medical records and more. For more information, visit www.va.gov/HEALTHBENEFITS/vhbh/index.asp.

Keeping your Personal Information Updated

While you are enrolled, you can update or report changes to your address, phone number, name, health insurance or financial information by completing VA Form 10-10EZR Health Benefits Renewal Form on-line at www.va.gov/healthbenefits. You may also call VA's toll-free number at 1-877-222-VETS (8387) or contact the Enrollment Coordinator at your local medical facility. You may also use the self-service kiosks available at most VA Health care facilities to update your personal information. See page 31 for more information about the kiosks.

Obtaining an Appointment

You may request a doctor's appointment at the time you apply for enrollment. An appointment will be made with a VA doctor or provider and you will be notified via mail of the appointment date and time. If you need health care before your scheduled appointment, you may contact the Enrollment Coordinator, Urgent Care Clinic or the Emergency Room at your local VA medical facility.



Patient Aligned Care Teams (PACT)

Today, Veterans experience primary care at VA a lot differently than they did five years ago. Every patient is assigned a health care team that they can count on to help coordinate and personalize their care. Every PACT includes a primary care provider, clinical pharmacist, RN care manager, LPN or medical assistant and clerk. A Veteran can expect their PACT to help them utilize health care services, including eHealth technologies, which are necessary to optimize their health and well-being. VA has made this possible by expanding primary care program staffing and setting standards for PACTs at all VA medical centers. Since the implementation of PACT, access to primary care has improved and the number of encounters with Veterans has increased by 50 percent, mostly due to telephone, secure messaging and group encounters. This translates to more Veterans getting more health care services. For more information visit: www.va.gov/health/services/primarycare/pact/index.asp or visit the Enrollment Coordinator at your local VA medical facility.

Financial Assessment (Means Testing)

While many Veterans qualify for enrollment and cost-free health care services based on a compensable service-connected condition or other qualifying factors, certain Veterans will be asked to complete a financial assessment at the time of enrollment to determine their eligibility for cost-free medical care, medications and/or travel benefits. The assessment is based on the Veteran's, (spouse and dependents, if any) previous year gross household income. This financial information may also be used to determine the Veteran's enrollment priority group. Higher-income Veterans (Veterans whose income exceeds established national income limits) that are treated for nonservice-connected conditions may be required to share in the expense of their care by paying copayments.

Note: Unreimbursed medical expenses (what you paid out of pocket after medical insurance pays) may be deducted from your total gross household income. Unreimbursed medical expenses include: travel expenses, cost of a long term care institution or assisted living, health related insurance premiums (including Medicare premiums), diabetic supplies, private caregivers, incontinence supplies, prescriptions and dialysis not covered by any other health plan. Only the portion of the unreimbursed medical expenses that exceed 5% of the basic pension may be deducted (see Medical Expense Deductible).

Once enrolled, VA will automatically match income information obtained from the Internal Revenue Service (IRS) and Social Security Administration (SSA) to confirm the Veteran's continued health care eligibility. VA will send Veterans a letter only when clarification is needed regarding the financial information obtained. For more information, visit www.va.gov/healthbenefits/cost, call VA's toll-free number at 1-877-222-VETS (8387) or contact the Enrollment Coordinator at your local medical facility.

Income Limits

The VA Health Benefits Explorer hbexplorer.vacloud.us includes a Financial Calculator that can be used to determine whether your income would be considered in determining your eligibility for cost-free VA health care, your copay responsibilities and eligibility for mileage reimbursement or special mode transportation in association with obtaining VA health care services.

Due to VA's restricting enrollment for high income Veterans (Veterans assigned to Priority Groups 8e or 8g) who do not have any other special qualifying factors and Veterans who decline to provide financial information, may not be accepted for enrollment.

If you are denied enrollment because your household income exceeds the income limit, VA's Financial Hardship program could help qualify you for enrollment if you have had a recent change in your income such as a loss of employment. For more information, refer to the Financial Hardship Section on page 12.

VA income limit information can be found online at www.va.gov/healthbenefits/cost/income_thresholds.asp.

What is Quality Care?

“Quality care” has many definitions, but at VA it means:

- **The right type of care for your health condition**
- **Care that results in the best possible outcome for you**
 - **Care delivered with attention to your concerns, needs, and life goals**
- **Care that keeps you safe from hazards and harm**

VA strives to provide the highest quality care possible every day. Visit VA’s Quality of Care site at www.va.gov/qualityofcare to see how we are doing!





I Enrolled

“I Served in Vietnam. Now I’m taking advantage of the health benefits I have earned.”

Did you know VA provides special health care enrollment opportunities and benefits to Vietnam Veterans?

Public Law 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2012 reestablished VA’s enrollment and special treatment authority for Veterans who served in Vietnam or the intracoastal waterways between January 9, 1962 and May 7, 1975.

VA offers a full medical benefits package and high-quality care at more than 1,700 hospitals, clinics, and community living centers around the country.

Enroll today. It’s fast, easy and there is no cost to apply.

Get the health care benefits you earned.
Visit VA’s Health Benefits website to learn more.
www.va.gov/healthbenefits

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Chief Business Office
Health Eligibility Center

Copayments

Types of Copayments

No copayments are charged for treatment of service-connected conditions.

Outpatient Copayments*

—based on the highest of two levels of service on any individual day.

- Primary Care Services – Services provided in a primary care setting to address overall patient care
- Specialty Care Services – Services provided in Specialty Care area such as:
 - Surgery
 - Radiology
 - Audiology
 - Optometry
 - Cardiology
 - and specialty tests such as:
 - magnetic resonance imagery (MRI)
 - computerized axial tomography (CAT) scan
 - nuclear medicine studies (highest level of service)

**There is no copay requirement for preventive care services such as screenings or immunizations.*

Medication Copayments*

—applicable to each prescription, including each 30-day supply or less of maintenance medications.

**Includes an annual cap for enrollment priority groups 2 through 6.*

Inpatient Copayments

—in addition to a standard copay charge for each 90 days of care within a 365 day period regardless of the level of service (such as intensive care, surgical care or general medical care); a per diem (daily) charge will be assessed for each day of hospitalization.

Long-Term Care Copayments*

—based on three levels of care (see Long-Term Care Benefits on page 20 for definitions).

- Community Living Centers (Nursing Home) Care/Inpatient Respite Care/Geriatric Evaluation
- Adult Day Health Care/Outpatient Geriatric Evaluation/Outpatient Respite Care
- Domiciliary Care

**Copayments for Long-Term Care services start on the 22nd day of care during any 12-month period—there is no copay requirement for the first 21 days. Actual copay charges will vary from Veteran to Veteran depending on financial information submitted on VA Form 10-10EC.*

NOTE: There are no copayments for hospice care provided in any setting.

Outpatient Copayments

- **Primary Care Services**—services provided by a primary care clinician – \$15
- **Specialty Care Services**— In general, services delivered in a specialty outpatient clinic provided by highly-specialized, narrowly-focused health care professionals—services provided by a clinical specialist— Specialty Copay – \$50

Inpatient Copayments

There are two inpatient copay rates – the full rate and the reduced rate. The reduced inpatient copay rate, which is 20% of the full inpatient rate, applies to Veterans enrolled in Priority Group 7. Both the full inpatient copay rate and the reduced inpatient copay rate are computed over a 365 - day period. Because the Inpatient Copay rates change each year, they are published separately and can be found on line at www.va.gov/healthbenefits/cost or contact VA at 1-877-222-VETS (8387) between the hours of 8:00 AM and 8:00 PM ET, Monday - Friday for more information.

Medication Copayments

Currently, there is a \$8 copay (subject to change) for each 30-day or less supply of medication provided on an outpatient basis for treatment of a nonservice-connected condition for Veterans in Priority Group 2 through 6, with an annual copayment cap of \$960, unless otherwise exempted. This copay is \$9 for Veterans in Priority Group 7 or 8 with no annual copayment cap.

Even though a prescription may be written for 90 days, each 30-day or less supply is subject to that year's applicable medication copay rate. A 90-day supply would cost three times the applicable medication copay rate based on your Priority Group.

Long Term Care Copayments

Long term care copay are based on three levels of care

- Inpatient: Up to \$97 per day (Nursing Home, Respite, Geriatric Evaluation)
- Outpatient: \$15 per day (Adult Day Health Care, Respite, Geriatric Evaluation)
- Domiciliary: \$5 per day



Annual Changes to Copay Rates

Copay rates may change annually—including the annual cap on medication copayments. Current year rates can be obtained at any VA health care facility or on our Web site: www.va.gov/healthbenefits/cost/copay_rates.asp.

Veterans Not Required to Make Copayments

Many Veterans qualify for cost-free health care and/or medications based on:

- Receipt of a Purple Heart, or
- Medal of Honor, or
- Former Prisoner of War Status, or
- 50% or more Compensable VA service-connected disabilities, (0-40% service-connected may take co-pay test to determine medication copay status), or
- Veterans deemed catastrophically disabled by a VA provider, or
- Veterans with income below the income limit, or
- Other qualifying factors, including treatment related to their military service experience.

Services Exempt from Inpatient and Outpatient Copayments

(Partial list)

- Special registry examinations offered by VA to evaluate possible health risks associated with military service
- Counseling and care for military sexual trauma
- Compensation and pension examinations are requested by the Veterans Benefits Administration (VBA). This is a physical exam to determine service-related illness or injuries for determination of a Veteran's entitlement to compensation and pension benefits.
- Care that is part of a VA-approved research project
- Care related to a VA-rated service-connected disability
- Readjustment counseling and related mental health services
- Care for cancer of head or neck caused by nose or throat radium treatments received while in the military
- Catastrophic disability exam
- Individual or group smoking cessation or weight reduction services
- Publicly announced VA public health initiatives, for example, health fairs
- Care potentially related to combat service for Veterans that served in a theater of combat operations after November 11, 1998. This benefit is effective for 5 years after the date of Veteran's most recent discharge from active duty.
- Laboratory and electrocardiograms



Financial Hardships

VA has programs that can assist Veterans who may be suffering from financial distress, struggling to pay VA copayments, lost a job or currently face a significant decrease in household income. Additionally, VA's medical care hardship program could help Veterans qualify for VA health care enrollment for health care services if they had a recent change in their income, even if they were previously denied enrollment based on their household income. Veterans who have not applied for VA enrollment because they thought their income was too high may want to reconsider applying if their projected current year's income is lower because a hardship determination may be available. Personal circumstances, such as loss of employment, sudden decrease in income or increases in out-of-pocket Veteran or family health care expenses, factor into VA's hardship determination.

Four possible options for Veterans unable to pay assessed copay charges	
Hardship Determination	A Hardship Determination provides an exemption from outpatient and inpatient copays for the remaining calendar year. If your projected household income is substantially below your prior year's income, you may request a Hardship Determination by contacting your local Enrollment Coordinator.
Waiver	A waiver or "write-off" refers to an agreement to forgive payment of an existing VA debt. If your projected household income for the current year is substantially reduced and will affect your ability to repay your debt, you can request a waiver of your copayment debt. You must request a waiver within 180 days of the date of your billing statement. To request a waiver, contact your local Revenue Office or call VA at 1-877-222-VETS (8387).
Offer in Compromise	A compromise is an "offer to settle" your past VA debts. VA will consider both current and future household income in making a determination. Generally, offers of compromise that are accepted must be paid in full within 30 days from the date of acceptance. To request a compromise, contact your local Revenue Office.
Repayment Plans	Another option that may be available to you is a VA repayment plan, known as "collection by installment." To request a repayment plan, contact your local Revenue Office or call VA at 1-877-222-VETS (8387).

Veterans with Catastrophic Disabilities

VA provides special enrollment considerations for Veterans with a Catastrophic Disability. To be considered catastrophically disabled, a Veteran must be determined by a VA provider to have a severely disabling injury, disorder or disease that compromises their ability to carry out the activities of daily living to such a degree that personal or mechanical assistance is required to leave home or bed, or constant supervision is required to avoid physical harm to themselves or others.

Veterans may request a catastrophic disability evaluation by contacting the Enrollment Coordinator at their local VA health care facility. VA will make every effort to schedule an evaluation within 30 days of the request and there is no charge for the Catastrophic Disability evaluation. If found to be catastrophically disabled, the Veteran will be enrolled and receive cost free care for outpatient and inpatient VA medical care and medications. However, Veterans in this category may be subject to copayments for extended care (long-term care).

Basic Eligibility for VA Health Care

If you served in the active military, naval or air service and are separated under any condition other than dishonorable, you may qualify for VA health care benefits. Current and former members of the Reserves or National Guard who were called to active duty (other than for training only) by a federal order and completed the full period for which they were called or ordered to active duty may be eligible for VA health care as well.

Minimum Duty Requirements

Most Veterans who enlisted after September 7, 1980, or entered active duty after October 16, 1981, must have served 24 continuous months or the full period for which they were called to active duty to be eligible. This minimum duty requirement may not apply to Veterans who were discharged for a disability incurred or aggravated in the line of duty, discharged for a hardship, or received an “early out.” Since there are a number of other exceptions to the minimum duty requirements, VA encourages all Veterans to apply to determine their enrollment eligibility.

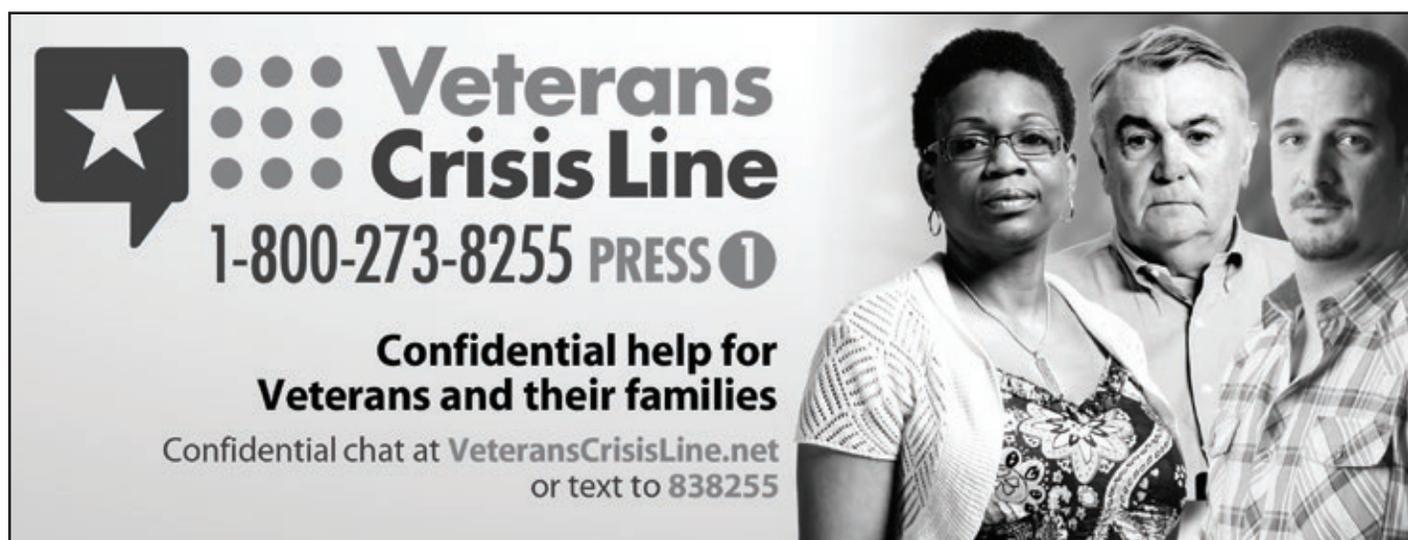
Returning Service Members (OEF/OIF/OND)

Every VA medical center has a team ready to welcome OEF/OIF/OND Service members and to help coordinate their health care and other services. For more information about the various programs available for recent returning Service members, log on to the Returning Service members web site at www.oefoif.va.gov.

Veterans who served in a theater of operations also have special eligibility for VA health care. Under the “Combat Veteran” authority VA provides cost-free health care services and nursing home care for conditions possibly related to military service and enrollment in Priority Group 6 or higher for 5 years from the date of discharge or release from active duty, unless eligible for enrollment in a higher priority group.

Combat Veterans who enroll with VA under this enhanced Combat Veteran authority will continue to be enrolled even after their enhanced eligibility period ends, although they may be shifted to a lower Priority Group, depending on their income level, and required to make applicable copayments. Additionally, for care not related to combat service, copayments may be required depending on their financial assessment and other special eligibility factors.

NOTE: The 5-year enrollment period applicable to these Veterans begins on the discharge or separation date of the Service member from active duty military service, or in the case of multiple call-ups, the most recent discharge date.



 **Veterans
Crisis Line**
1-800-273-8255 PRESS 1

**Confidential help for
Veterans and their families**

Confidential chat at VeteransCrisisLine.net
or text to 838255

Affordable Care Act

Your Enrollment in VA Health Care Means You Don't Need to Take Additional Steps.

What is the Affordable Care Act?

The Affordable Care Act, also known as the health care law, was created to expand access to coverage, control health care costs and improve health care quality and care coordination. The health care law does not change VA health benefits or Veterans' out-of-pocket costs.

Three things you should know:

1. VA wants all Veterans to receive health care that improves their health and well-being.
2. If you are enrolled in any of VA's programs below, you have coverage under the standards of the health care law:
 - Veteran's health care program
 - Civilian Health and Medical program (CHAMPVA)
 - Spina bifida health care program
3. If you are not enrolled in VA health care, you can apply at any time.

Your family members who are not enrolled in a VA health care program and who do not meet the health care law coverage standards should use the Marketplace to get coverage. The Marketplace remains available during non-Open Season periods for individuals who have a qualifying life event, such as getting married or having a baby. For more information about the Marketplace, visit www.healthcare.gov or call 1-800-318-2596.

For more information about ACA and VA health care, visit VA's website at www.va.gov/aca or call 1-877-222-VETS (8387) Monday through Friday from 8 a.m. to 8 p.m. Eastern.

The Affordable Care Act

**WHAT VETERANS
NEED TO KNOW ABOUT
THE HEALTH CARE LAW**



VA and Other Health Insurance

If you have other forms of health care coverage, such as a private insurance plan, Medicare, Medicaid or TRICARE, you can continue to use VA along with these plans. Remember: it is always a good idea to inform your doctors if you are receiving care outside of VA so your health care can be coordinated.

Private Health Insurance

Veterans with private health insurance may choose to use these sources of coverage as a supplement to their VA benefits. Also, Veterans are not responsible for payment of VA medical services billed to their health insurance company that are not paid by their insurance carrier.

By law, VA is obligated to bill health insurance carriers for services provided to treat a Veteran's nonservice-connected conditions. Veterans are asked to disclose all relevant health insurance information to ensure current insurance information is on file—including coverage through a spouse. Identification of insurance information is essential to VA because collections received from private health insurance companies help supplement the funding available to provide services to additional Veterans. Veterans may now provide any changes in their insurance by:

- Using the online Health Benefits Renewal (10-10-EZR) form at www.va.gov/healthbenefits/enroll or
- Calling 1-877-222-VETS (8387) Monday through Friday from 8 a.m. to 8 p.m. Eastern, or
- Visiting their local VA health care facility.

It is important to note that VA health care is NOT considered a health insurance plan.

CAUTION!

Before canceling health insurance coverage, enrolled Veterans should carefully consider the risks.

- There is no guarantee that in subsequent years Congress will appropriate sufficient funds for VA to provide care for all enrollment priority groups.
- Non-Veteran spouses and other family members generally do not qualify for VA health care.
- If participation in Medicare Part B is cancelled, it cannot be reinstated until January of the next year, and there may be a penalty for the reinstatement.
- Provides additional coverage for Veterans who receive care from VA and non-VA providers.

...VA encourages Veterans to retain any health care coverage they may already have...

Medicare Part D Prescription Drug Coverage

Creditable Coverage

If you are eligible for Medicare Part D prescription drug coverage, you need to know that enrollment in the VA health care system is considered creditable coverage for Medicare Part D purposes. This means that VA prescription drug coverage is at least as good as the Medicare Part D coverage. Since only Veterans may enroll in the VA health care system, dependents and family members do not receive credible coverage under the Veteran's enrollment.

However, there is one significant area in which VA health care is NOT creditable coverage: Medicare Part B (outpatient health care, including doctors' fees). Creditable coverage for Medicare Part B can only be provided through an **employer**. As a result, VA health care benefits to Veterans are not creditable coverage for the Part B program. So although a Veteran may avoid the late enrollment penalty for Medicare Part D by citing VA health care enrollment, that enrollment would not help the Veteran avoid the late enrollment penalty for Part B.

VA does not recommend Veterans cancel or decline coverage in Medicare (or other health care or insurance programs) solely because they are enrolled in VA health care. Unlike Medicare, which offers the same benefits for all enrollees, VA assigns enrollees to enrollment priority groups, based on a variety of eligibility factors, such as service-connection and income. There is no guarantee that in subsequent years Congress will appropriate sufficient medical care funds for VA to provide care for all enrollment priority groups. This could leave Veterans, especially those enrolled in one of the lower-priority groups, with no access to VA health care coverage. For this reason, having a secondary source of coverage may be in the Veteran's best interest.

In addition, a Veteran may want to consider the flexibility afforded by enrolling in both VA and Medicare. For example, Veterans enrolled in both programs would have access to non-VA physicians (under Medicare Part A or Part B) or may obtain prescription drugs not on the VA formulary if prescribed by non-VA physicians and filled at their local retail pharmacies (under Medicare Part D).

Additional information on Medicare Part D prescription drug coverage can be found online at the Health and Human Services Medicare website at www.medicare.gov.

...a Veteran may want to consider the flexibility afforded by enrolling in both VA and Medicare

Medical Benefits Package



VA provides all enrolled Veterans a robust Medical Benefits Package of health services

Your comprehensive VA Health Benefits package includes all the necessary inpatient hospital care and outpatient services to promote, preserve, or restore your health. VA medical facilities provide a wide range of services including traditional hospital-based services such as surgery, critical care, mental health, orthopedics, pharmacy, radiology and physical therapy.

In addition, most of our medical facilities offer additional medical and surgical specialty services including audiology & speech pathology, dermatology, dental, geriatrics, neurology, oncology, podiatry, prosthetics, urology, and vision care. Some medical centers also offer advanced services such as organ transplants and plastic surgery.

Preventive Care Services

- Immunizations
- Physical Examinations (including eye and hearing examinations)
- Health Care Assessments
- Screening Tests
- Health Education Programs

Ambulatory (Outpatient) Diagnostic and Treatment Services

- Primary and Specialty Care
- Surgical (including reconstructive/plastic surgery as a result of disease or trauma)
- Mental Health
- Substance Abuse

Hospital (Inpatient) Diagnostic and Treatment Services

- Medical
- Surgical (including reconstructive/plastic surgery as a result of disease or trauma)
- Mental Health
- Substance Abuse
- Prescription Drugs (when prescribed by a VA physician)



Financial Hardship Loss of Job or Reduced Income?

VA's Medical Care Hardship program may help you qualify for VA Health Care enrollment

If your income has recently changed, you may qualify for enrollment even if it was denied previously based on your household income. Or, perhaps you have put off applying for enrollment because you think your income is too high. Now may be the time to provide updated financial information or apply for enrollment.

Personal circumstances such as loss of employment, sudden decrease in income, or increases of out-of-pocket family health care expenses factor into VA's hardship determination.

If your current and projected household income puts you below the VA National Income Threshold or Geographic Means Test Threshold for your area, you may qualify for enrollment and cost-free VA medical care.

For additional information and qualifications for this program, contact your local VA Medical Center Enrollment Coordinator at:

1-877-222 VETS (8387)

For more information, call toll-free
1-877-222 VETS (8387) or visit our website at
www.va.gov/healthbenefits/

VA



U.S. Department of Veterans Affairs
Veterans Health Administration
Chief Business Office
Health Eligibility Center

Women's Health

VA is committed to meeting women Veterans' unique needs by delivering the highest quality health care in a setting that ensures privacy, dignity, and sensitivity. Your local VA facility offers a variety of services, including:

- Women's gender-specific health care (menopause evaluation and symptom management, osteoporosis, incontinence, birth control, breast and gynecological care, maternity and limited infertility services).
- Screening and disease prevention programs (for example, mammograms, bone density screening, and cervical cancer screening).
- Childbirth services to the newborn child of a woman Veteran.

Routine gynecologic services available through your local VA facility include:

- Human Papilloma Virus (HPV) vaccinations
- Pelvic exams, ultrasounds
- Birth control counseling and management (medical and surgical)
- Pre-pregnancy care
- Treatment and prevention of sexually transmitted infections

Your provider can assist with routine exams, diagnosis, and management of:

- Pelvic/abdominal pain
- Abnormal vaginal bleeding
- Vaginal symptoms (dryness/infections)
- Breast and other women's cancers
- Abnormal cervical screening results
- Infertility evaluation, including intrauterine insemination (IUI). VA is not authorized to provide or cover the cost of in vitro fertilization (IVF).
- Sexual dysfunction

Female Veterans are potentially eligible to receive care provided in the community when authorized by VA. However, the decision to utilize such care is left to the facility providing your care. By law, purchased-care can only be provided when your treating facility cannot provide you the care you require or because of geographical inaccessibility.

Maternity and Parturition (Childbirth) Services—usually provided in non-VA contracted hospitals at VA expense; care is limited to the mother and newborn. VA may furnish health care services to a newborn child of a woman Veteran who is receiving maternity care furnished by VA beginning with the date of birth plus the first seven calendar days after birth.

Contact your local VA facility's Women Veterans Program Manager for more information on available services, or call **1-855-VA-WOMEN (1-855-829-6636)**.

Long-Term Care

Standard Benefits

The following long-term care services are available to all enrolled Veterans.

VA Community Living Centers (VA Nursing Home) Programs

While some Veterans qualify for indefinite Community Living Center (formerly known as nursing home care) services, other Veterans may qualify for a limited period of time. Among those that automatically qualify for indefinite community living care are Veterans whose service-connected condition is clinically determined to require nursing home care and Veterans with a service-connected rating of 70% or more and unemployable. Other Veterans may be provided short-term community living care, if space and resources are available.

Domiciliary Care

Domiciliary care provides rehabilitative and long-term, health maintenance care for Veterans who require some medical care, but who do not require all the services provided in nursing homes. Domiciliary care emphasizes rehabilitation and return to the community. VA may provide domiciliary care to Veterans whose annual income does not exceed the maximum annual rate of VA pension or to Veterans who have no adequate means of support

Medical Foster Home

Medical Foster Homes are private homes in which a trained caregiver provides services to a few individuals. Some, but not all, residents are Veterans. VA inspects and approves all Medical Foster Homes. A Medical Foster Home can serve as an alternative to a nursing home. It may be appropriate for Veterans who require nursing home care but prefer a non-institutional setting with fewer residents. Contact your VA social worker or case manager for further information on Medical Foster Home care.

State Veterans Homes

State Veterans Homes are facilities that provide nursing home, domiciliary or adult day care. Each State establishes eligibility and admission criteria for its homes. For more information about your State Veterans Home, contact the State Veterans home directly or Social Work Service at your local VA facility.

Additional Services

Geriatric Evaluation

Geriatric evaluation is the comprehensive assessment of a Veteran's ability to care for him/herself, his/her physical health and social environment, which leads to a plan of care. The plan could include treatment, rehabilitation, health promotion and social services. These evaluations are performed by inpatient Geriatric Evaluation and Management (GEM) Units, GEM clinics, geriatric primary care clinics and other outpatient settings.

Geriatrics and Extended Care

Geriatrics and Extended Care provides services for Veterans who are elderly and have complex needs, and Veterans of any age who need daily support and assistance. Veterans can receive care at home, at VA medical centers or in the community.



Adult Day Health Care

Adult Day Health Care is a program Veterans can go to during the day for social activities, peer support, companionship, and recreation. Adult Day Health Care is for Veterans who need skilled services, case management, and assistance with activities of daily living (e.g., bathing and getting dressed) or instrumental activities of daily living (e.g., fixing meals and taking medicines); are isolated or their caregiver is experiencing burden. Adult Day Health Care can provide respite care for a family caregiver and can also help Veterans and their caregiver gain skills to manage the Veteran's care at home.

Respite Care

Respite Care is a service that pays for a person to come to a Veteran's home or for a Veteran to go to a program while their family caregiver takes a break. While a Veteran gets Respite Care, the family caregiver can run errands or go out of town for a few days without worrying about leaving the Veteran alone at home. Depending on the Respite Care services in your area, you can choose which options are best for you and your family caregiver. For example: If your caregiver has lots of errands to run or appointments, you could have a Home Health Aide come to your home while your caregiver is out of the house. If your caregiver needs time at your home alone, you could attend an Adult Day Health Care center for the day. Or, if your caregiver is out of town for a few days, you could stay at a Community Living Center (VA Nursing Home) during the time they are away. Respite Care services may be available up to 30 days each calendar year.

Home Health Care

Home Health Care includes VA's Skilled Home Health Care Services (SHHC), Homemaker and Home Health Aide Services (H/HHA) and Family Caregivers Program.

SHHC is short-term health care services that can be provided to Veterans if they are homebound or live far away from VA. The care is delivered by a community-based home health agency that has a contract with VA. SHHC is for Veterans who need skilled services, case management, and assistance with activities of daily living (e.g., bathing and getting dressed) or instrumental activities of daily living (e.g., fixing meals and taking medicines); are isolated or their caregiver is experiencing burden.

The services of a Homemaker or Home Health Aide can help Veterans remain living in their own home and can serve Veterans of any age. A Homemaker or Home Health Aide can be used as a part of an alternative to nursing home care, and as a way to get Respite Care at home for Veterans and their family caregiver.

VA's Family Caregivers Program provides support and assistance to caregivers of post 9/11 Veterans and Service Members being medically discharged. Eligible primary Family Caregivers can receive a stipend, training, mental health services, travel and lodging reimbursement, and access to health insurance if they are not already under a health care plan. For more information, contact your local VA medical facility and speak with a Caregiver Support Coordinator, visit www.caregiver.va.gov or dial toll-free 1-877-222-VETS (8387).

Home Telehealth

VA's Home Telehealth, also known as Care Coordination/Home Telehealth, is a service that allows the Veteran's physician or nurse to monitor the Veteran's medical condition remotely using home monitoring equipment. Veterans can be referred to a care coordinator for Home Telehealth services by any member of their care team.

When approved for Home Telehealth, specialized equipment in the Veteran's home will provide the care coordinator with the Veteran's health information. The care coordinator will check in with the Veteran by phone, if needed. If any of the Veteran's health measurements do not seem normal, the care coordinator talks with their physician or nurse and then gets back to the Veteran with next steps.

Home Telehealth program aims to make the patient's home the preferred place to receive care, whenever possible.

Hospice/Palliative Care

Hospice/palliative care is a comfort based form of care for Veterans who have a terminal condition with 6 months or less to live. Hospice Care provides treatment that relieves suffering and helps to control symptoms in a way that respects your personal, cultural, and religious beliefs and practices. Hospice also provides grief counseling to your family.

NOTE: There are no copayments for hospice care provided in any setting.

Financial Assessment for Long-Term Care Services

For Veterans who are not automatically exempt from making copayments for long-term care services (see Copayments on page 9), a separate financial assessment (VA Form 10-10EC, Application for Extended Care Services) must be completed to determine whether they qualify for cost-free services or to what extent they are required to make long-term care copayments. Unlike copayments for other VA health care services, which are based on fixed charges for all, long-term care, copay charges are individually adjusted based on each Veteran's financial status.

Benefits with Special Eligibility Criteria

While all enrolled Veterans enjoy access to VA's comprehensive medical benefits package, certain benefits may vary from individual to individual, depending on each Veteran's unique eligibility status. The following care services (partial listing) have limitations and may have special eligibility criteria:

- Ambulance Services
- Dental Care
- Eyeglasses - VA will provide eyeglasses to Veterans who are 30% or more service-connected, are service-connected for eye conditions that warrant eyeglasses, or have medical conditions that cause the need for eyeglasses.
- Hearing Aids - VA will provide hearing aids to Veterans who are 30% or more service-connected, are service-connected for hearing conditions that warrant hearing aids, or have medical conditions that cause the need for hearing aids.
- Non-VA Health Care Services

Additional VA Health Benefits Programs

Dependents and Survivors

CHAMPVA

A health care benefits program for:

- Dependents of Veterans who have been rated by VA as having a service-connected total and permanent disability.
- Survivors of Veterans who died from VA-rated service-connected condition(s), or who at the time of death, were rated permanently and totally disabled from a VA-rated service-connected condition(s).
- Survivors of persons who died in the line of duty and not due to misconduct and not otherwise entitled to benefits under DoD's TRICARE program.

Address	Telephone	Fax
CHAMPVA PO Box 469063 Denver CO 80246-9063	800-733-8387	303-331-7804
To contact CHAMPVA online		Web site
www.va.gov/hac/contact		www.va.gov/hac (see CHAMPVA)

Children of Women Vietnam Veterans Health Care Benefits

A program designed for women Vietnam Veterans' birth children who are determined by a VA Regional Office to have one or more covered birth defects.

Address	Telephone	Fax
Children of Women Vietnam Veterans PO Box 469065 Denver CO 80246-9065	888-820-1756	303-331-7807
To contact CWVV online		Web site
www.va.gov/hac/contact (see CWVV)		www.va.gov/hac/forbeneficiaries/cwvv

Spina Bifida Health Care Benefits

A program designed for certain birth children of Vietnam and Korea Veterans' birth children diagnosed with spina bifida and who are in receipt of a VA Regional Office award for spina bifida benefits.

Address	Telephone	Fax
Spina Bifida Health Care PO Box 469065 Denver CO 80246-9065	888-820-1756	303-331-7807
To contact Spina Bifida online		Web site
www.va.gov/hac/contact (see Spina Bifida)		www.va.gov/hac (see Spina Bifida)

Services Not Included (*partial listing*)

- Abortions and abortion counseling
- Cosmetic surgery, except where determined by VA to be medically necessary for reconstructive or psychiatric care
- Gender alteration
- Health club or spa membership, even for rehabilitation
- In-vitro fertilization
- Drugs, biological and medical devices not approved by the Food and Drug Administration, unless part of formal clinical trial under an approved research program or when prescribed under a compassionate use exemption
- Medical care for a Veteran who is either a patient or inmate in an institution of another government agency if that agency has a duty to provide the care or services
- Services not ordered and provided by licensed/accredited professional staff
- Special private duty nursing

Emergency Care

A medical emergency is generally defined as a condition of such a nature that a prudent layperson would reasonably expect that a delay in seeking immediate medical attention would be hazardous to life or health.

You may receive emergency care at a non-VA health care facility, possibly at VA expense, when a VA facility (or other Federal health care facility with which VA has an agreement) cannot furnish economical care due to your distance from the facility; or when VA is unable to furnish the needed emergency services.

VA Payment for Emergency Care of your Service-connected conditions without prior authorization

Since payment may be limited to the point when your condition is stable enough for you to travel to a VA facility, you or a family member or friend need to contact the nearest VA medical facility as soon as possible. An emergency is deemed to have ended at the point when a VA provider has determined that, based on sound medical judgment, you could be transferred from the non-VA facility to a VA medical center.

VA may pay for your non-VA emergency care:

If you are:	Then:
Service-connected	<ul style="list-style-type: none"> • VA may pay for your non-VA emergency care for a rated service-connected disability, or • Your nonservice-connected condition associated with and held to be aggravating your service-connected condition, or • Any condition, if you are an active participant in the VA Chapter 31 Vocational Rehabilitation program, and you need treatment to make possible your entrance into a course of training or to prevent interruption of a course of training, or • Any condition, if you are rated as having a total disability permanent in nature resulting from your service-connected disability, or • Other approved reason

VA Payment for Emergency Care of your NonService-connected conditions without prior authorization

VA may pay for emergency care provided in a non-VA facility for treatment of a Non service-connected condition only if all of the following conditions are met:

If you are:	Then:
Service-connected, not Permanently and Totally Disabled, or Nonservice-connected	<p>VA may pay for your non-VA emergency care for treatment of a Nonservice-connected condition if all of the following conditions are met:</p> <ul style="list-style-type: none"> • The episode of care cannot be paid under another VA authority, and • Based on an average knowledge of health and medicine (prudent layperson standard) you reasonably expected that delay in seeking immediate medical attention would have been hazardous to your life or health, and • A VA or other Federal facility/provider was not feasibly available, and • You received VA medical care within a 24-month period preceding the non-VA emergency care, and • You are financially liable to the health care provider for the emergency care, and • The services were furnished by an Emergency Department or similar facility held out to provide emergency care to the general public, and • You have no other coverage under a health plan (including Medicare, Medicaid and Worker's Compensation), and • You have no contractual or legal recourse against a third party that would, in whole, extinguish your liability

VA Dental Insurance Program (VADIP)

The Department of Veterans Affairs provides comprehensive dental care to Veterans who meet eligibility standards; however, the benefit is not available to many Veterans. VA would like all Veterans and beneficiaries to have access to good oral health. Good oral health is more than just a nice smile or ability to chew favorite foods – it impacts a person’s overall health throughout his or her life.

VA offers enrolled Veterans and beneficiaries of VA’s Civilian Health and Medical Program (CHAMPVA), the opportunity to purchase dental insurance at a reduced cost. VA is making this special benefit available through Delta Dental and MetLife. Multiple options allow participants to select a plan that provides benefits and premiums that meet their dental needs and budget. Each enrollee will pay a fixed monthly premium for coverage, in addition to any copayments required by his or her plan.

There are no eligibility limitations based on service-connected disability rating or enrollment priority assignment. People interested in participating may complete an application online through either the websites of Delta Dental, www.deltadentalvadip.org, or MetLife, www.metlife.com/VADIP. Coverage for this new dental insurance is available throughout the United States and its territories.

If you are interested in learning more about this program, call 1-877-222-VETS (8387) or visit www.va.gov/healthBenefits/vadip, and click the insurers’ link for specific information regarding registration, premiums and services.

Veteran Health Identification Card

VA issues enrolled Veterans a Veteran Health Identification Card (VHIC) for use at VA health care facilities. The VHIC safeguards your personal information – the Member ID and Card Number have eliminated the need for your SSN to be on the card.

This card is used as proof of identity at VA health care facilities for lab work, diagnostic tests, appointments, prescriptions and other services. While the card is not required to receive health care, VA recommends all enrolled Veterans obtain a card.

To obtain a VHIC, bring proof of identity, such as your old VIC card, driver’s license or passport to your local VA health care facility and have your photo taken. The complete list of acceptable identity documents is listed on (page 44 VHIC ID FAQ), online at: www.va.gov/healthbenefits/vhic or call 1-877-222-VETS (8387) for assistance.

The card will be mailed to you, usually within 7 to 10 days after the card has been requested. In the event your card is lost or destroyed, a replacement card may be requested by contacting the VA where the picture was taken.

If you have the old version of the Veteran Identification Card, VA will automatically mail you the new, more secure VHIC in 2014. You may continue to use your VIC until it is replaced but please remember to safeguard it -- your Social Security number is in the barcode and magnetic stripe. Once you receive your new VHIC, you should appropriately destroy your old VIC just as you would a credit card – by cutting the VIC into multiple pieces or by shredding the card.

NOTE: VHIC cannot be used as a credit or an insurance card and it does not authorize or pay for care at non-VA facilities.



Minority Veterans Program

The primary goal of this program is to increase local awareness of minority Veteran related issues and develop strategies for increasing their participation in existing VA benefit programs for eligible Veterans. There is a Minority Veteran Program Coordinator (MVPC) located in each Health Care facility to educate and assist with your eligibility of benefits and services. Other responsibilities include:

- Promoting the use of VA benefits, programs, and services by minority Veterans
- Supporting and initiating activities that educate and sensitize internal staff to the unique needs of minority Veterans
- Targeting outreach efforts to minority Veterans through community networks
- Advocating on behalf of minority Veterans by identifying gaps in services and make recommendations to improve service delivery within their facilities

For more information and to locate the program coordinator in your area visit:

www.va.gov/centerforminorityveterans/.

Readjustment Counseling Services

VA provides readjustment counseling and outreach services to all Veterans who served in a theater of operations (combat zone), through community based counseling centers called Vet Centers. Services are also available for their family members for military related issues. Veterans have earned these benefits through their service and all are provided at no cost to the Veteran or family. The Vet Centers are staffed by small multidisciplinary teams of dedicated personnel, many of whom are combat Veterans themselves. Vet Center staffs are available toll-free during normal business hours at **1-800-905-4675 (Eastern)** and **1-866-496-8838 (Pacific)**. For information online, visit www.vetcenter.va.gov.

Veterans Crisis Line

The Veterans Crisis Line is a toll-free, confidential resource that connects Veterans in crisis and their families and friends with qualified, caring VA responders.

Veterans and their loved ones can call 1-800-273-8255 and Press 1 or chat online at www.VeteransCrisisLine.net to receive free, confidential support 24 hours a day, 7 days a week, 365 days a year, even if they are not registered with VA or enrolled in VA health care.

The professionals at the Veterans Crisis Line are specially trained and experienced in helping Veterans of all ages and circumstances—from Veterans coping with mental health issues that were never addressed to recent Veterans struggling with relationships or the transition back to civilian life.

National Call Center for Homeless Veterans

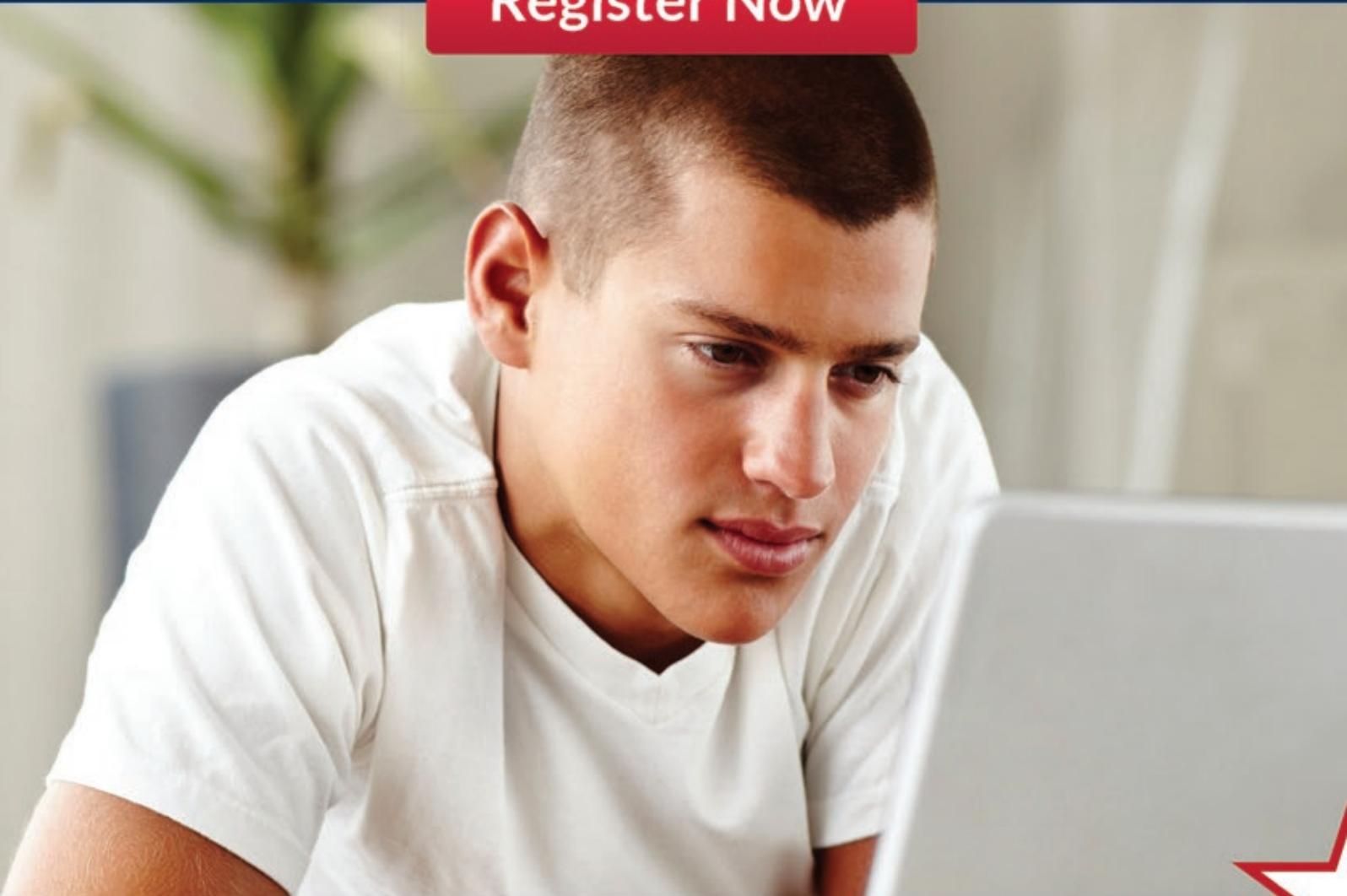
VA has founded a National Call Center for Homeless Veterans to ensure that homeless Veterans or Veterans at-risk for homelessness have free, 24/7 access to trained counselors. The hotline is intended to assist homeless Veterans and their families, VA Medical Facilities, federal, state and local partners, community agencies, service providers and others in the community. To be connected with a trained VA staff member call **1-877-4AID VET (877-424-3838)**.

- Call for yourself or someone else
- Free and confidential
- Trained VA counselors to assist
- Available 24 hours a day, 7 days a week
- Learn about VA homeless programs and mental health services in your area that can help you.

More information can be found at www.va.gov/homeless.

Your VA & DoD Benefits. Online.

Register Now



www.ebenefits.va.gov

“I just checked my Post-9/11 GI Bill enrollment. Online.”

Your time is valuable. When you need fast, easy access to manage your VA & DoD benefits, claims and military documents, go online and register for a Premium eBenefits Account at www.ebenefits.va.gov.



eBenefits
www.ebenefits.va.gov



Family Caregivers Program

The caregivers benefit program provides certain medical, travel, training, and financial benefits to caregivers of certain Veterans and Servicemembers who were seriously injured during their military service on or after September 11, 2001. Eligible primary Family Caregivers can receive a stipend, training, mental health services, travel and lodging reimbursement, and access to health insurance if they are not already under a health care plan. For more information, contact your local VA medical facility and speak with a Caregiver Support Coordinator, visit www.caregiver.va.gov or dial toll-free 1-855-260-3274.

Camp Lejeune Water Contamination Benefits

From the 1950s through the 1980s, people living or working at the U.S. Marine Corps Base Camp Lejeune, North Carolina, may have been exposed to drinking water contaminated with industrial solvents, benzene, and other chemicals.

Veterans and family members who served on active duty or resided at Camp Lejeune for 30 days or more between Jan. 1, 1957 and Dec. 31, 1987 may be eligible for medical care through VA for the following health conditions:

- Bladder cancer
- Breast cancer
- Esophageal cancer
- Female infertility
- Hepatic steatosis
- Kidney cancer
- Leukemia
- Lung cancer
- Miscarriage
- Multiple myeloma
- Myelodysplastic syndromes
- Neurobehavioral effects
- Non-Hodgkin's lymphoma
- Renal toxicity
- Scleroderma

Veterans already enrolled in VA health care should contact their local VA health care facility to receive care under the new law. Those not already enrolled should call 1-877-222-VETS (8387) for assistance. Family members will receive care after Congress appropriates funds and VA publishes regulations.

For further information about Camp Lejeune historical water contamination and to sign up for updates, visit the Military Exposure section on the VHA Office of Public Health website at: www.publichealth.va.gov.

The U.S. Marine Corps encourages all those who lived or worked at Camp Lejeune before 1987 to register to receive notifications regarding Camp Lejeune Historic Drinking Water at <https://usmc.mil/clwater>.

Medically Related Travel Benefits

Veterans may qualify for mileage reimbursement or special mode transportation in relation to travel for VA health care if they:

- Have a service-connected disability rating of 30 percent or more; or
- Are traveling for treatment of a service-connected condition; or
- Receive a VA pension; or
- Are traveling for a scheduled compensation or pension examination; or
- Have income below the maximum annual VA pension rate

Special mode travel (e.g., wheelchair van, ambulance) is provided to eligible Veterans based on a clinical determination of need (authorization is not required for emergencies if a delay would endanger their life or health).

Mileage Reimbursement of 41.5 cents per mile may be claimed to offset expense of travel when the Veteran drove

to qualified appointment. Reimbursement for actual cost of common carrier travel (bus, train, taxi etc.) is available in some circumstances.

VA has implemented VA Form 10-3542 and created a simple way to apply for Mileage Reimbursement without standing in line. Contact your local VAMC Beneficiary Travel office for details.

Travel benefits are subject to a deductible. Exceptions to the deductible requirement include: 1) travel for a compensation and pension examination; 2) travel by an ambulance or a specially equipped van; and 3) when annual income does not exceed certain limits. More information on travel benefits including current mileage rates and deductibles can be found on the internet at www.va.gov/healthbenefits/access/Beneficiary_travel.asp.

Veterans Transportation Service

VA especially recognizes the problems Veterans who are visually impaired, elderly, or immobilized due to disease or disability, particularly those living in remote and rural areas, face in traveling to access VA health care. To work toward providing these Veterans with the most convenient and timely access to transportation services, VA is establishing a network of community transportation service providers that could include Veteran Service Organizations (VSO's); community and commercial transportation providers; federal, state and local government transportation services as well as non-profits, such as United We Ride.

Veterans Transportation Service (VTS) provides Veterans with transportation to and from their VA health care appointments, improving both access to care and continuity of care for many who would otherwise be limited in mobility.

Veterans needing transportation for care and treatment can contact their local VA Medical Center, patient travel office, for more information about the availability and types of service.

VA Foreign Medical Program (FMP)

VA's Foreign Medical Program provides health care benefits for U.S. Veterans with VA-rated service-connected conditions who are living or traveling abroad. Foreign benefits are administered by two separate offices, depending on where the health care services are obtained.

Veterans in the Philippines		
Address	Phone	Fax
VA Outpatient Clinic – Manila Department of Veterans Affairs PSC 501 DPO AP 96515	1-800-1888-8782 or 011-632-318-VETS (8387)	011-632-310-5957
All other countries		
Address	Telephone	Fax
Foreign Medical Program PO Box 469061 Denver CO 80246-9061	303-331-7590	303-331-7803
To contact FMP online		Web site
www.va.gov/hac/contact (see Foreign Medical Program)		www.va.gov/hac

Notice of Privacy Practices

Veterans who are enrolled for VA health care benefits have various privacy rights under federal law and regulations, including the right to a Notice of Privacy Practices. The VA Notice of Privacy Practices provides enrolled Veterans with information regarding how VA may use and disclose their personal health information, of their rights to know when and to whom their health information may have been disclosed, how to request access to or receive a copy of their health information on file with VA, and how to request an amendment to correct inaccurate information on file and file a privacy complaint. The VA Notice of Privacy Practices may be obtained through the Internet at www.privacy.va.gov/Privacy_Resources.asp or through the mail by writing the VHA Privacy Office (19F2), 810 Vermont Avenue NW, Washington, DC 20420.

Other Services and Online Tools

VA's Health Benefits website

VA's health benefits website located at www.va.gov/healthbenefits contains a wide range of information related to the medical benefits available to its enrollees and was tailored based on feedback from Veterans and stakeholders. The site is informative, easy-to-read, user-friendly and designed to provide information needed to learn more about the health care services VA provides, how to enroll, determine cost of care, and other information and resources such as:

- Online application for enrollment
- Newly-released information regarding updates or changes to VA health care benefits and services
- Medical benefits based on eligibility and priority group
- Eligibility and benefits determination calculator
- Instructional video clips (e.g., how to apply using the on-line 10-10EZ)
- Copy information
- Contact Information
- Online chat features
- Access to downloadable resources (fact sheets, brochures, etc.)
- Resource library
- Links to other sites of interest such as MyHealtheVet, eBenefits, Pay.gov and the Affordable Care Act

The site contains lots of valuable VA health benefits information, so visit today!



Office of Public Health

The VA Office of Public Health brings a public health approach to promoting and protecting the health of Veterans and VA staff. They serve as the leader and authority in public health, a core element essential to VA's ability to fulfill its mission to serve and honor the men and women who are America's Veterans.

Visit www.publichealth.va.gov to learn about important health related subjects including:

- Health & Wellness
 - o An index of topics that will help you find out how to stay healthy with vaccinations and infection-control habits, employee wellness programs, and violence prevention
- Diseases & Conditions
 - o The Office focuses on certain medical conditions that may affect Veterans. Find out more about these diseases and conditions
- VA conducted health related studies and data
 - o The Office of Public Health and research organizations conduct studies on the health issues affecting Veterans to better serve their needs
- Military Exposures
 - o Learn about Exposure related health concerns

Self-Service Kiosks

VA is installing kiosks (touch-screen devices) at VA Medical Centers (VAMCs) and Community Based Outpatient Centers (CBOCs) for Veterans to access and update their information and to check in for their appointments. More capabilities will be available soon. Visit www.va.gov/healthbenefits/access/va_point_of_service_vps.asp to learn more.

Your Personal VA Health Information Online

MyHealthVet

Over the past 10 years, VA has emphasized patient-centered innovations including MyHealthVet (www.myhealth.va.gov), an e-portal suite of tools for Veterans and Caregivers that provides a secure web-based Personal Health Record (PHR), patient access to personal health information from the VA Electronic Health Record, the ability to download and share personal health information using the VA Blue Button, online services such as e-prescription refills, trusted health education resources, and Secure Messaging between patients and their VA health care teams.

If you are a VA patient and have an upgraded account (obtained by completing the one-time Authentication process*), you can:

- Participate in Secure Messaging with your participating VA health care team members
- Request prescription refills
- View key portions of your Department of Defense (DOD) Military Service Information
- Get your VA Wellness Reminders
- View your VA Appointments
- View your VA Lab Results
- View your VA Allergies and Adverse Reactions and other key portions of their VA electronic record
- View your VA Comprehensive Care Document (CCD)
 - o PLUS, participate in future features as they become available

Visit MyHealthVet at www.myhealth.va.gov, register and learn more about authentication PLUS the many features and tools available to you 24/7 anywhere you have Internet access. If you have any questions about MyHealthVet, contact the MyHealthVet Coordinator at your local VA facility.

Special Care Access Network – Extension for Community Healthcare Outcomes (SCAN-ECHO)

Through VA's SCAN-ECHO initiative, Veterans and their primary care team use videoconferencing technology to seek expertise from specialists located 100-500 miles away. In 2013, we expanded SCAN ECHO to 46 rural sites of care with more than 100 participating rural primary care physicians, nurse practitioners, and physician assistants.

Mobile Apps

We are leveraging mobile health technology to provide Veterans with additional opportunities to become active partners in their health care. In 2013, VA launched three patient-facing pilots (Family Caregiver, Veteran Appointment Request and MyStory) – comprised of 12 apps in all – to evaluate how mobile apps increase convenient access to health care, improve patient engagement and strengthen communication among Veterans, Family Caregivers and VA clinicians.

eBenefits

eBenefits is a one-stop shop for benefits-related information for Veterans, Wounded Warriors, Service Members, their families, and their caretakers.

eBenefits offers:

- A link to the VA Health Benefits Explorer: (Answer a few questions about yourself (you will be asked no more than fifteen) to learn about the VA health care benefits you could receive as an enrolled Veteran.)
- Link to www.va.gov/healthbenefits website
- Link to online 1010EZ/EZR applications
- A personalized workspace called My Dashboard that provides quick access to eBenefits tools. You can apply for VA benefits, download your DD 214, and view your benefits status, in addition to other actions as needed. This workspace is available to you once you have created an eBenefits account.
- A Proof of Service card to confirm that you served honorably in the Armed Forces.
- A catalog of links to other sites that provide information about military and Veteran benefits.

For additional information, please visit: www.ebenefits.va.gov.

Veterans Canteen Service

Veterans Canteen Service (VCS) offers you the opportunity to shop and dine at any of its 180 store/café operations located in VA hospitals and in many Community Outpatient Clinics across the country and in some Veterans Benefits Offices. The All Exchange Online Store at www.vacanteen.va.gov/OnlineCatalog.php offers many ways to maximize savings such as: advertised specials, special Weekly Savings Promotions, coupons and rebates; as well as free shipping offers. In addition, the VCS PatriotStoreDirect 1-800 Special Order program offers savings on top name brand retail offerings at www.vacanteen.va.gov/PatriotStoreHome.php. For more information, visit www.vacanteen.va.gov.

Frequently Asked Questions

Where can I find the new income limits?

Because the VA national income limits may change each year, they are not published in this booklet. However, the income limit tables can be viewed on-line at www.va.gov/healthbenefits/cost.

How do I enroll for VA health care coverage?

You may apply in one of four convenient ways: visit www.va.gov/healthbenefits/enroll and apply online or, download the application and mail it to the address indicated, call 1-877-222-VETS (8387) or visit your local VA health care facility.

How can I verify my enrollment?

Once your enrollment is confirmed, you will receive a Veterans Health Benefits Handbook from us notifying you of the status of your enrollment. You may also call us to verify your enrollment at **1-877-222-VETS (8387)** between the hours of 8:00 AM and 8:00 PM Eastern, Monday – Friday.

Can I cancel my VA health care coverage?

Yes. However, acceptance for future VA health care coverage will be based on laws in place and your eligibility at the time of application.

Must I reapply every year?

No, your enrollment will be automatically renewed without any action on your part. VA will advise you if any changes to this practice are implemented.

What if I cannot keep an appointment?

VA asks that you help us provide timely service to all Veterans. If you cannot keep your appointment, please notify your facility as soon as possible so they can schedule another appointment for you, and use your cancelled appointment slot for another Veteran.

If enrolled, must I use VA as my exclusive health care provider?

There is no requirement that VA become your exclusive provider of care. If you are a Veteran who is receiving care from both a VA provider and a local provider, it is important for your health and safety that your care from both providers is coordinated, resulting in one treatment plan (co-managed care).

I am moving to another state. How do I transfer my care to a new VA health care facility?

If you want to transfer your care from one VA health care facility to another, contact the Enrollment Office for assistance in transferring your care and establishing an appointment at the new facility.

How do I choose a preferred facility? How do I change my preferred facility?

When you enroll, you will be asked to choose a preferred VA facility. This will be the VA facility where you will receive your primary care. You may select any VA facility that is convenient for you. If the facility you choose cannot provide the health care that you need, VA will make other arrangements for your care, based on administrative eligibility and medical necessity. If you do not choose a preferred facility, VA will choose the facility that is closest to your home. Thereafter, your preferred facility is the one where your Primary Care Team is located.

Will I have to complete a financial assessment annually?

Veterans, based on their financial status, who are exempted from paying medical care copayments or who are eligible for a reduced inpatient copay are no longer required to update their financial information on an annual basis. They will be required to have one financial assessment on file, and that assessment will no longer expire.



Our Mission

Our Servicemembers and Veterans have sacrificed to keep our country - and everything it represents - safe. We honor and serve those men and women by fulfilling President Lincoln's promise
“to care for him who shall have borne the battle, and for his widow, and his orphan.”

We strive to provide Servicemembers and Veterans with the world-class benefits and services they have earned, and will adhere to the highest standards of compassion, commitment, excellence, professionalism, integrity, accountability, and stewardship.

**Thank you for your service.
Now let us serve you.**

VA



U.S. Department of Veterans Affairs
Veterans Health Administration

VA
HEALTH
CARE

Defining
EXCELLENCE
in the 21st Century

Thereafter, VA will leverage existing IRS and SSA computer matching agreements and processes to securely verify Veteran's income information

VA will send Veterans a letter only when clarification is needed regarding financial information obtained from the Internal Revenue Service and Social Security Administration. Veterans may report an income change at any time using VA Form 10-10EZ. Should there be any change to your enrollment status, you will be notified in writing.

What is a geographic income limit?

Recognizing the cost of living can vary significantly from one geographic area to another, Congress added income limits based on geographic locations to the existing VA national income limits for financial assessment purposes. Those Veterans whose income falls between the VA national income limit limits and the VA national geographic income limit for the Veteran's locale will have their inpatient medical care copayments reduced by 80%. Geographic income limits can be found at www.va.gov/healthbenefits/cost/income_thresholds.asp.

Does VA have access to my income tax return?

No, VA does not have access to your tax return. The Internal Revenue Service (IRS) and the Social Security Administration (SSA) share earned and unearned income data reported by employers and financial institutions.

If I decline to provide income and agree to make copayments, will you still verify my income?

Yes, if you decline to provide income and agree to make copayments, we will verify your income annually to ensure your correct enrollment and priority group placement. However, Veterans who have no special eligibility and decline to provide income information are denied enrollment.

What happens if at the end of the process my income is verified to be higher than the income limits?

Your copay status will be changed from copay exempt to copay required. VA facilities involved in your care will be notified of your change in status and to initiate billing for services provided during that income year. Your enrollment priority status may be changed if your financial status is adjusted by the income verification (IV) process. If your enrollment status is changed, you will be notified by mail.

I am a recently discharged combat Veteran. Must I pay VA copayments?

Veterans who qualify under this special eligibility are not subject to copayments for conditions potentially related to their combat service. However, unless otherwise exempted, combat Veterans must either disclose their prior year gross household income OR decline to provide their financial information and agree to make applicable copayments for care or services VA determines are clearly unrelated to their military service.

If the services are provided for the treatment of a condition that may be potentially related to your military service in a theater of combat operations, you will not be charged any copayments. Combat Veterans have an enhanced enrollment health benefit period of five years from their most recent discharge from active duty.

What if I receive a bill and cannot pay?

If you are unable to pay your bill, you should discuss the matter with the Patient Billing Office at the VA health care facility where you received your care. There are four possible options that may be available to you:

Hardship Determination—If a Veteran's current year income is substantially reduced from the prior year. Future exemption from medical and hospital care copayments for a determined period of time. (See Enrollment Coordinator for Hardship consideration.)

Waiver—If there has been a significant change in income or significant expenses for medical care for the Veteran or other family members, funeral arrangements or Veteran educational expenses. Waiver is for past debts only. (See your local Patient Billing Office staff for additional information.)

Offer in Compromise—Offer for past debts only and acceptance of a partial payment in settlement and full satisfaction of debt. (See your local Patient Billing Office staff for additional information.)

Repayment Plans—Payment of past debt generally over a period of 36 months. (See your local revenue staff for additional information.)

You must contact the facility at which you received the care to request one of these options.

What is a VA service-connected rating, and how do I establish one?

A service-connected rating is an official ruling by VA that your illness or condition is directly related to your active military service. To obtain more information or to apply for any of these benefits, contact your nearest VA Regional Office at 1-800-827-1000 or visit us online at www.va.gov.

Hearing aids and eyeglasses are listed as “special” benefits. Under what circumstances do I qualify?

VA medical services include diagnostic audiology and diagnostic and preventive eye care services. VA will provide hearing aids and eyeglasses to Veteran’s who are 30% or more service-connected, are service-connected for eye or hearing conditions that warrant hearing aids and eyeglasses, or have medical conditions that cause the need for hearing aids and eyeglasses. Otherwise, hearing aids and eyeglasses are provided only in special circumstances, and not for normally occurring hearing or vision loss. For additional information, contact the prosthetic representative of your local VA health care facility.

Am I eligible for dental care?

Dental benefits are provided by the VA according to law. In some instances, VA is authorized to provide extensive dental care, while in other cases treatment may be limited. The Chart below describes dental eligibility criteria and contains information to assist Veterans in understanding their eligibility for VA dental care.

The eligibility for outpatient dental care is not the same as for most other VA medical benefits and is categorized into classes. For instance, if you are eligible for VA dental care under Class I, IIC, or IV you are eligible for any necessary dental care to maintain or restore oral health and masticatory function, including repeat care. Other classes have time and/or service limitations.

The Chart below describes dental eligibility criteria and contains information to assist Veterans in understanding their eligibility for VA dental care.

If you:	You are eligible for:
Have a service-connected compensable dental disability or condition.	Any needed dental care.
Are a former prisoner of war.	Any needed dental care.
Have service-connected disabilities rated 100% disabling, or are unemployable and paid at the 100% rate due to service-connected conditions.	Any needed dental care. [Please note: Veterans paid at the 100% rate based on a temporary rating, such as extended hospitalization for a service-connected disability, convalescence or pre-stabilization are not eligible for comprehensive outpatient dental services based on this temporary rating].
Apply for dental care within 180 days of discharge or release from a period of active duty (under conditions other than dishonorable) of 90 days or more during the Persian Gulf War era.	One-time dental care if your DD214 certificate of discharge does not indicate that a complete dental examination and all appropriate dental treatment had been rendered prior to discharge.*

If you:	You are eligible for:
Have a service-connected noncompensable dental condition or disability resulting from combat wounds or service trauma.	Any dental care necessary to provide and maintain a functioning dentition. A Dental Trauma Rating (VA Form 10-564-D) or VA Regional Office Rating Decision letter (VA Form 10-7131) identifies the tooth/teeth that are trauma rated.
Have a dental condition clinically determined by VA to be associated with and aggravating a service-connected medical condition.	Dental care to treat the oral conditions that are determined by a VA dental professional to have a direct and material detrimental effect to your service connected medical condition.
Are actively engaged in a 38 USC Chapter 31 vocational rehabilitation program	Dental care to the extent necessary as determined by a VA dental professional to: <ul style="list-style-type: none"> • Make possible your entrance into a rehabilitation program • Achieve the goals of your vocational rehabilitation program • Prevent interruption of your rehabilitation program • Hasten the return to a rehabilitation program if you are in interrupted or leave status • Hasten the return to a rehabilitation program of a Veteran placed in discontinued status because of illness, injury or a dental condition, or • Secure and adjust to employment during the period of employment assistance, or enable you to achieve maximum independence in daily living.
Are receiving VA care or are scheduled for inpatient care and require dental care for a condition complicating a medical condition currently under treatment.	Dental care to treat the oral conditions that are determined by a VA dental professional to complicate your medical condition currently under treatment.
Are an enrolled Veteran who may be homeless and receiving care under VHA Directive 2007-039.	A one-time course of dental care that is determined medically necessary to relieve pain, assist you to gain employment, or treat moderate, severe, or complicated and severe gingival and periodontal conditions.

*** Note:** Public Law 83 enacted June 16, 1955, amended Veterans' eligibility for outpatient dental services. As a result, any Veteran who received a dental award letter from VBA dated before 1955 in which VBA determined the dental conditions to be noncompensable are no longer eligible for Class II outpatient dental treatment.

Veterans receiving hospital, nursing home, or domiciliary care will be provided dental services that are professionally determined by a VA dentist, in consultation with the referring physician, to be essential to the management of the patient's medical condition under active treatment.

For more information about eligibility for VA medical and dental benefits, contact VA at 1-877-222-VETS (8387) or www.va.gov/healthbenefits.

Am I limited to a specific number of inpatient days or outpatient visits during a given period of time?

There are no limits.

What is Non-VA Care?

Non-VA care is when the Veteran's VA care team determines that the Veteran should be referred to a Non-VA provider and the VA would pay for the cost of that care because:

- Demand exceeds VA health care facility capacity
- Need for diagnostic support services for VA clinicians
- Need for scarce specialty resources (e.g., obstetrics, hyperbaric, burn care, oncology) and/or when VA resources are not available due to constraints (e.g. staffing, space)
- Ensure cost-effectiveness for VA
- Outside procurement vs. maintaining and operating like services in VA facilities for infrequent use
- To satisfy patient wait-time requirements

Do I qualify for routine health care at non-VA facilities at VA expense?

Generally no. To qualify for routine care at non-VA facilities at VA expense you must first be given a written referral. Included among the factors in determining whether such care will be authorized is your medical condition and availability of VA services within your geographic area. VA copayments may be applicable.

Am I eligible for emergency care at a non-VA facility?

An eligible Veteran may receive emergency care at a non-VA health care facility at VA expense when a VA facility or other Federal health care facility with which VA has an agreement is unable to furnish economical care due to the Veteran's geographical inaccessibility to a VA medical facility, or when VA is unable to furnish the needed emergency services. (See Emergency Care on page 24 for specific rules)

The prudent layperson definition of an emergency is defined as a condition of such a nature that a prudent layperson would have reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health. VA may directly refer or authorize the Veteran to receive emergency care at a non-VA facility at VA expense, or VA may pay for emergency care furnished certain Veterans by a non-VA facility without prior VA approval under certain conditions.

Are there any payment limitations for non-VA emergency care?

Emergency care must be pre-authorized by VA. When the emergency care is not authorized in advance by VA, it may be considered as preauthorized care when the nearest VA medical facility is notified within 72 hours of admission, the Veteran is eligible, and the care rendered is emergent in nature. Claims for non-VA emergency care not authorized by VA in advance of services being furnished must be timely filed; because timely filing requirements differ by type of claim, you should contact the nearest VA medical facility as soon as possible to avoid payment denial for an untimely filed claim. (See Emergency Care on page 24 for specific rules)

Payment may not be approved for any period beyond the date on which the medical emergency ended, except when VA cannot accommodate transfer of the Veteran to a VA or other Federal facility. An emergency is deemed to have ended at that point when a VA physician has determined that, based on sound medical judgment, a Veteran who received emergency hospital care could have been transferred from the non-VA facility to a VA medical center for continuation of treatment.

What type of emergency care can VA authorize in advance?

Subject to eligibility and payment limitations described on page 24 (Emergency Care) , VA may preauthorize and issue payment for non-VA emergency care when treatment is needed for:	Inpatient Care	Outpatient Care
The Veteran's VA rated service-connected disability, or for a nonservice-condition that is associated with and aggravating the Veteran's service-connected condition	√	√

Subject to eligibility and payment limitations described on page 24 (Emergency Care) , VA may preauthorize and issue payment for non-VA emergency care when treatment is needed for:	Inpatient Care	Outpatient Care
A disability for which the Veteran was released from active duty	√	√
Any condition of a Veteran who is rated by VA as Permanently and Totally disabled due to a service connected disability	√	√
Any condition of a Veteran who is an active participant in the VA Chapter 31 Vocational Rehabilitation program, who needs treatment medically determined to make possible the Veteran's entrance into a course of training, or prevent interruption of a course of training which was interrupted due to such illness, injury, or dental condition.	√	√
Any condition for a Veteran who has a VA service-connected disability rating of 50% or greater		√
A condition for which the Veteran has been furnished VA hospital care, nursing home, domiciliary care, or medical services and who requires medical services to complete treatment incident to such care or services		√
Any condition of a Veteran who is in receipt of increased VA pension, or additional VA compensation or allowances based on the need for regular aid and attendance or by reason of being permanently housebound		√
A condition requiring emergency care that developed while the Veteran was receiving medical services in a VA facility or Contract Nursing Home or during VA authorized travel	√	√
Any condition that will obviate the need for hospital admission for a Veteran in the state of Alaska or Hawaii and US Territories, excluding Puerto Rico		√
Any condition for women Veterans.	√	
Any dental services and treatment, and related dental appliances, for Veterans who are former prisoners of war		√

Can VA pay for non-VA emergency care that is not preauthorized?

VA has limited payment authority when emergency care at a non-VA facility is provided without authorization by VA in advance of services being furnished or notification to VA is not made within 72 hours of admission. VA may pay for unauthorized emergency care as indicated below. Since payment may be limited to the point your condition is stable for transfer to a VA facility, the nearest VA medical facility should be contacted as soon as possible for all care not authorized by VA in advance of the services being furnished.

For service-connected Veterans	For Nonservice-connected conditions
VA may only pay for emergency care provided in a non-VA facility for certain Veterans who are rated by VA with a service-connected disability. VA may pay for emergency inpatient or outpatient care when treatment is needed for:	VA may only pay for emergency care provided in a non-VA facility for treatment of a Nonservice-connected condition only if all of the following conditions are met:
The Veteran's VA rated service connected disability, or for a nonservice-condition that is associated with and aggravating the Veteran's service-connected condition	The episode of care cannot be paid as an unauthorized claim for service-connected Veterans

For service-connected Veterans	For Nonservice-connected conditions
VA may only pay for emergency care provided in a non-VA facility for certain Veterans who are rated by VA with a service-connected disability. VA may pay for emergency inpatient or outpatient care when treatment is needed for:	VA may only pay for emergency care provided in a non-VA facility for treatment of a Nonservice-connected condition only if all of the following conditions are met:
A VA facility was not considered feasibly available when the urgency of the Veteran's medical condition, the relative distance of the travel involved, or the nature of the treatment required makes it necessary or economically advisable to use public or private facilities.	The Veteran is enrolled in the VHA health care system and received VA medical care within a 24 month period preceding the furnishing of the emergency treatment
Any condition of a Veteran who is rated by VA as Permanently and Totally disabled due to a service connected disability	The Veteran is personally liable to the health care provider for the emergency treatment which meets the prudent layperson definition of an emergency
Any condition of a Veteran who is an active participant in the VA Chapter 31 Vocational Rehabilitation program, who needs treatment medically determined to make possible the Veteran's entrance into a course of training, or prevent interruption of a course of training which was interrupted due to such illness, injury, or dental condition	The Veteran has no other contractual or legal recourse against a third party that would, in whole, extinguish the Veteran's liability and the claim must be filed within 90 days from the date of discharge, or the date that the Veteran exhausted without success action to obtain payment from a third party.
A prudent layperson would have reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health.	A prudent layperson would have reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health.
Once authorization for care is granted by VA, the authorization will be continued after admission only for the period of time required to stabilize or improve the patient's condition to the extent that further care is no longer required to satisfy the purpose for which it was initiated.	Once authorization for care is granted by VA, the authorization will be continued after admission only for the period of time required to stabilize or improve the patient's condition to the extent that further care is no longer required to satisfy the purpose for which it was initiated.
	The Veteran is not entitled to care or services under a health plan contract Treatment was provided in a hospital emergency room

Does VA offer compensation for travel expenses to and from a VA facility?

Yes, but not all Veterans qualify. If you meet specific criteria (see Medically Related Travel Benefits on page 28), you are eligible for travel benefits.

I already provided financial information on my initial VA application, why is it necessary to complete a separate financial assessment for long-term care?

Unlike the information collected from the financial assessment, which is based on your previous year's income, the 10-10EC is designed to assess your current financial status, including current expenses. This in-depth analysis provides the necessary monthly income/expense information to determine whether you qualify for cost-free long-term care or a significant reduction from the maximum copay charge.

Once I submit a completed VA Form 10-10EC, who notifies me of my long-term care copay requirements?

The social worker or case manager involved in your long-term care placement will provide you with an annual projection of your monthly copay charges.

Assuming I qualify for nursing home care, how is it determined whether the care will be provided in a VA facility or a private nursing home at VA expense?

Generally, if you qualify for indefinite nursing home care, that care will be furnished in a VA facility. Care may be provided in a private facility under VA contract when there is compelling medical or social need. If you do not qualify for indefinite care, you may be placed in a community nursing home—generally not to exceed six months—following an episode of VA care. The purpose of this short-term placement is to provide assistance to you and your families while alternative, long-term arrangements are explored.

For Veterans who do not qualify for indefinite VA Community Living Center care at VA expense, what assistance is available for making alternative arrangements?

When the need for nursing home care extends beyond the Veteran's eligibility, our social workers will help family members identify possible sources for financial assistance. Our staff will review basic Medicare and Medicaid eligibility and direct the family to the appropriate sources for further assistance, including possible application for additional VA benefit programs.

What is the Affordable Care Act?

The Affordable Care Act, also known as the health care law, was created to expand access to affordable health care coverage to all Americans, lower costs, and improve quality and care coordination. For more information, visit: www.va.gov/aca.

If I am enrolled in VA Health care, do I meet the requirements for health care coverage?

Yes. If you are enrolled in any of VA's programs below, you have coverage under the standards of the health care law:

- Veteran's health care program
- Civilian Health and Medical program (CHAMPVA)
- Spina bifida health care program

Can I continue to use VA health care with other programs, like private insurance or federal health care programs?

Yes. You can continue to use VA for all your health care needs, or complement your VA care with private health insurance or coverage by other federal health care programs, including Medicare, Medicaid, and TRICARE.

What does the health care law mean for Veterans living in the US Territories?

All legal residents of Puerto Rico and the United States territories are treated by law as having minimum essential coverage. So they don't need to take additional action.

Are U.S. citizens living abroad required to obtain minimum essential coverage or make a payment when filing taxes for each month lacking coverage?

U.S. citizens who live abroad for a calendar year (or at least 330 days within a 12 month period) are treated as having minimum essential coverage for the year (or period). So they don't need to take additional action.

What's the Health Insurance Marketplace?

The Marketplace is a new way to shop for and purchase private health insurance (for example, health coverage other than VA health care programs) that fits your budget and meets your needs. People who purchase insurance through the Marketplace may be able to lower the costs of health insurance coverage by paying lower monthly premiums.



Smile!

VA has you covered with the new VA Dental Insurance Program (VADIP)

The VA Dental Insurance Program (VADIP) offers dental insurance at a special low rate for Veterans.

Choose from plans offered by Delta Dental and MetLife.

Enroll now. Coverage begins January 1, 2014.

To learn more and sign up, contact the dental plans directly:

Delta Dental: www.deltadentalvadip.org or (855) 370-3303

MetLife: www.metlife.com/VADIP or (888) 310-1681



Participants in VADIP pay a fixed monthly premium in addition to any copayments required by the plan. Eligibility for VADIP is limited to Veterans enrolled in VA health care and beneficiaries of VA's Civilian Health and Medical Program (CHAMPVA). To learn more about eligibility, visit www.va.gov/healthbenefits/VADIP.

VA



U.S. Department of Veterans Affairs

Veterans Health Administration

I am enrolled in a VA health care program. Would I be eligible for assistance to pay health insurance premiums on the Marketplace if I choose to purchase health care outside of VA?

Since VA care meets the standard for health care coverage, you wouldn't be eligible for assistance to lower your cost of health insurance premiums if you chose to purchase additional health care coverage outside of VA. However, you may still purchase private health insurance on or off the Marketplace to complement your VA health care coverage.

What is the VA Dental Insurance Program (VADIP)?

The VA Dental Insurance Program (VADIP) is a pilot program to assess the feasibility and advisability of providing a premium-based dental insurance plan to eligible individuals.

Who is eligible for the VA Dental Insurance program?

Veterans enrolled in the VA health care program and CHAMPVA program beneficiaries are eligible to participate in VADIP. Dependents of Veterans, except those eligible under CHAMPVA, are not eligible for VADIP; however, separate coverage options may be offered dependents by the insurance carrier.

Does the program affect VA's existing dental coverage?

Participation in VADIP will not affect Veterans' eligibility for VA dental services and treatment.

How do I apply for the VA Dental Insurance Program?

Eligible individuals interested in participating in VADIP may apply by visiting www.va.gov/healthbenefits/vadip, or call Delta Dental at 1-855-370-3303 or MetLife at 1-888-310-1681.

What is the purpose of the Veteran Health Identification Card (VHIC)

The VHIC is for identification and check-in at VA appointments.

What does the new VHIC provide that the old ID card did not?

- Increased security for your personal information - no personally identifiable information is contained on the magnetic stripe or barcode.
- A salute to your military service – The emblem of your latest branch of service is displayed on your card. Several special awards will also be listed.

I have the old VIC card, how do I get the new VHIC?

Beginning in May 2014, VA will automatically mail a VHIC to enrolled Veterans who were issued the VIC. Because we will be reissuing more than 6 million cards, we ask for your patience during this time.

Veterans who were issued a VIC do not need to return to their VA medical center to have a photo taken for the VHIC.

The VHIC will be mailed to all valid mailing addresses, including P.O. boxes

What document(s) do I need to prove my identity to receive a VHIC?

Primary Identification	Secondary Identification
Present ONE form of Primary Identification	If a Primary form of identification is not available, present TWO forms of Secondary Identification
State-Issued Driver's License	Certified Birth Certificate
State Issued ID	Original Social Security Card
United States (U.S.) Passport	DD214 or equivalent certificate issued by Department of Defense or War Department
VA Identification Card (VIC) or VHIC	Marriage License (certified copy)
Military ID Card	State Vote Registration Card
Temporary Resident Card	Student ID Card
Resident Alien Card	Native American Tribal Document
Permanent Resident Card	Certificate of U.S. Citizenship (INS Form N-560 or N-561)
Other Federal or State issued photo ID	Certificate of U.S. Citizenship (INS Form N-550 or N-570)
	Certificate issued by US Consular Offices documenting the birth of a child on foreign soil to a US citizen. (Form FS-545, Form DS-1350, DS Form 240 or Form 240)

What do I do if my VHIC is lost or stolen?

If your VHIC is lost or stolen, you should contact the VA Medical Facility where your picture was taken to request a new card be re-issued, or call us at 1-877-222-VETS (8387).

I have the new VHIC, what should I do with my old ID card?

Until Veterans receive the new, more secure VHIC, Veterans are encouraged to safeguard their old VIC, just like they would a credit card, to prevent unauthorized access to their identity information. Once the new VHIC is received, Veterans should destroy their old VIC by cutting it up or shredding it.

What is a PACT?

A Patient Aligned Care Team (PACT) is each Veteran working together with health care professionals to plan for the whole-person care and life-long health and wellness.

They focus on:

- Partnerships with Veterans
- Access to care using diverse methods
- Coordinated care among team members
- Team-based care with Veterans as the center of their PACT

How does a PACT function?

A PACT uses a team-based approach. You are the center of the care team that also includes your family members, caregivers and your health care professionals—primary care provider, nurse care manager, clinical associate, and administrative clerk. When other services are needed to meet your goals and needs, another care team may be called in. For more information visit: www.va.gov/health/services/primarycare/pact/index.asp.

Information you need at your fingertips.

Many of our Veterans and their family members have asked VA to provide information in digital formats for quick and easy navigation. We have heard you and are proud to share line of digital publications.

All of our digital publications are full publications with all the information that you will find in our printed materials, but in a easy to navigate version formatted specifically to work on your electronic device.

English and Spanish versions of this book are available for **free** download to your mobile device or computer. Go to www.va.gov/healthbenefits/resources/epublications.asp and select the proper format for your device. It is that easy. Apple users also can download this publication through Apple's iTunes for free.



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The Veterans Canteen Services' (VCS) "PatriotStore" offers a variety of items found at any major retailer such as: LED/LCD TV's, iPods, Men's & Ladies fragrances, Military apparel, giftware, snacks and much more. The "PatriotCafé" offers exciting menus including nutritional meal choices while our "PatriotExpress" Vending program includes "Smart Choices" stickers used to identify healthy snacks and other food and beverage items.



Another added benefit is the VCS PatriotStoreDirect 1-800 Special Order program. Over 40 vendors and hundreds of name brand items at a great value such as: Dell computers, Firestone/Goodyear tires, Craftsman tools, Kenmore/GE/Whirlpool appliances, 1-800 Flowers, Corporate Jewelers and Serta mattresses are available. This program is especially helpful for Veterans who cannot visit VCS facilities in Medical Centers or Outpatient Clinics. PatriotStoreDirect is user friendly and VCS representatives are waiting to take your order at 1-800-664-8258. Hour of operations are: Monday through Friday 7:00 am – 5:00 pm CST.



Visit one of our 172+ conveniently located stores in your VA Medical Center or shop on-line with the VCS PatriotStoreDirect at

www.vacanteen.va.gov/PSMall.php



VCS is part of the Department of Veterans Affairs. It is a self-sustaining entity providing services only to authorized customers. Revenues generated from VCS are used to support a variety of programs such as: VA's Rehabilitation Games, Fisher Houses, Poly-Trauma Centers for OIF/OEF/OND Veterans, disaster relief efforts, VA's Homelessness initiatives, and other activities.



**Department of Veterans Affairs
Veterans Health Administration
Chief Business Office**

**For more information on VA health care
Telephone (toll-free): 1-877-222-VETS (8387)
Website: www.va.gov/healthbenefits**

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www.va.gov/healthbenefits/resources/epublications.asp**